

CENTRAL FAX CENTER

NOV 30 2007

FORM PTO-1083

Attorney Docket No.: 101.0058-03000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/802,906

Filed: March 17, 2004

For: ORTHOPEDIC IMPLANT WITH LOCKING
ELEMENT (as amended)

Confirmation No.: 5309

Art Unit: 3733

Examiner: Richard R. Shaffer

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated July 30, 2007 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a one (1)-month extension of time to respond to the above office action.
- ☒ An Information Disclosure Statement Under 37 C.F.R. § 1.97(c) with Form PTO/SB/08 and a copy of the listed non-U.S. patent document are enclosed.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 45 | - | 35 ** | 10 | LG=\$60 SM=\$25 | \$50 \$ 500 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 *** | 0 | LG=\$200 SM=\$100 | \$200 \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | \$ 500 |
| TOTAL | | | | | | \$ 500 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$800.00 to cover the \$120 one (1)-month extension fee, \$180 IDS fee and \$500 additional claims fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: November 30, 2007

By: 

Amedeo F. Ferraro

Registration No. 37,129

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632

Telephone: (310) 286-9800

Facsimile: (310) 286-2795

12/03/2007 PCHOMP 00000033 503726 10002906

01 FC:1251

120.00 DA

Transmittal of Amendment 11-30-2007